

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)					
SERIAL NO. 577437 FILING DATE 9-4-90					
CLAIMS					
1	2	3	4	5	6
IND. DEP.	IND. DEP.	IND. DEP.	IND. DEP.	IND. DEP.	IND. DEP.
AS FILED AFTER 1st AMENDMENT 2nd AMENDMENT					
*	*	*	*	*	*
1	61	62	63	64	65
2	66	67	68	69	70
3	71	72	73	74	75
4	76	77	78	79	80
5	81	82	83	84	85
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